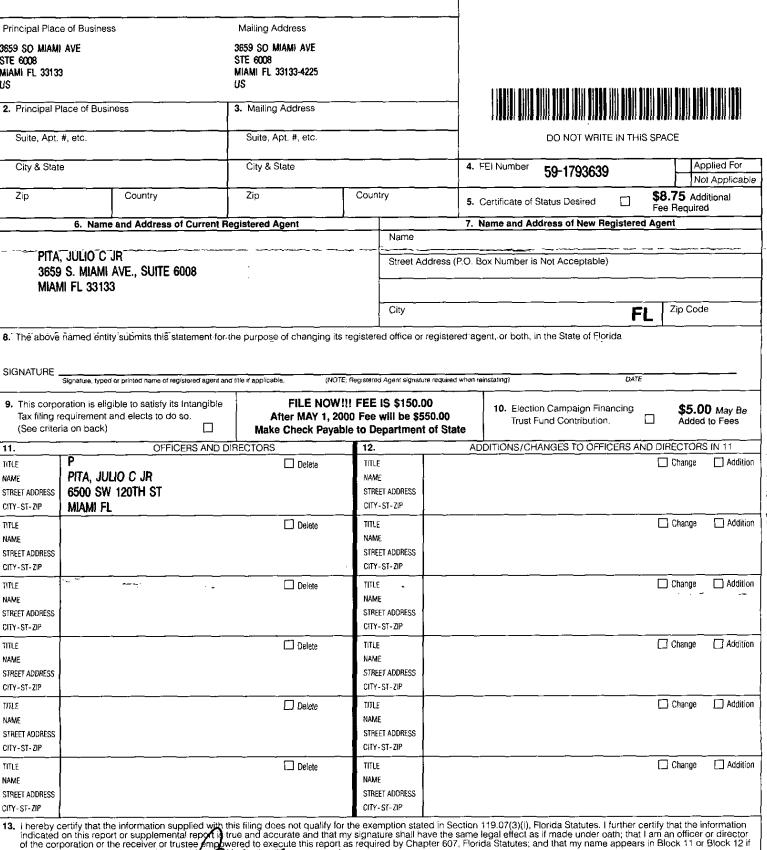
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 564943** 1. Entity Name JULIO C. PITA, JR., M.D., P.A. Principal Place of Business Mailing Address 3659 SO MIAMI AVE 3659 SO MIAMI AVE STE 6008 STE 6008 MIAMI FL 33133 MIAMI FL 33133-4225 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 6. Name and Address of Current Registered Agent Name PITA. JULIO C JR 3659 S. MIAMI AVE., SUITE 6008 **MIAMI FL 33133** City

FILED Feb 15, 2000 8:00 am Secretary of State

02-15-2000 90019 049 ***150.00



13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE:

with the in SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3018545432

Daytime Phone #